

CLAIMS ONLY						Application Number <i>10586351</i>	Filing Date		
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
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49									
50									
Total Indep			7						
Total Depend			11						
Total Claims			18						